

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	①		1			
6	①		1			
7	1		1			
8	⑥		1			
9	①		1			
10	①		1			
11	①		1			
12	①		1			
13	①		1			
14	①		1			
15	①	1				
16	1		1			
17	1		1			
18	2		1			
19	2		1			
20	①		1			
21	①		1			
22	①		1			
23	①		1			
24	①		1			
25	①		1			
26	①					
27	①		1			
28	①	1				
29	①		1			
30	1		1			
31	1		1			
32	2		1			
33	①		1			
34	①		1			
35	①		1			
36	①	1				
37	①		1			
38	1		1			
39	1		1			
40	2		1			
41	⑥	1				
42	①		1			
43	1		1			
44	1		1			
45	2		1			
46	①		1			
47	①	1				
48	①		1			
49	1		1			
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2		1			
52	①		1			
53	①		③			
54	①		①			
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97						
98						
99						
100						
TOTAL IND.			6		6	6
TOTAL DEP.			56	51	51	51
TOTAL CLAIMS			62	57	57	57